Utilizing a Three-Step Process to Remove Barriers to Youth Behavior Change

Since January 2017, the Evidence to Action (E2A) Project has implemented the Resilience in Sahel Enhanced-Family Planning (RISE-FP) intervention to strengthen institutions, increase sustainable wellbeing, and improve the health and nutrition of vulnerable Sahelian communities.

RISE-FP has engaged local leaders and strengthened health systems to advance access to and demand for family planning (FP) and reproductive health (RH) services in 80 communities of Zinder. This comprehensive, USAID-funded project specifically targets challenges that constrain the delivery of essential health care to women and youth who need them most.

To reach more young people, RISE-FP adapted and scaled up effective interventions from E2A's 2014–2016 University Leadership for Change (ULC) initiative.[1] ULC promoted youth leadership in university settings to drive social change and strengthen health systems, in an effort to increase access to contraceptive information and services, which, in turn, reduces unintended pregnancies and contributes to a reduction in maternal mortality. E2A, in collaboration with the government and university stakeholders, decided to adapt and scale up the ULC approach to a rural, community-based setting to reach young people outside of university settings. From 2017 to 2019, through RISE-FP, E2A implemented these adaptations in Zinder—known as the Community Leadership for Change (CLC) initiative—to facilitate young people's discussions about reproductive health-related issues with their peers, and promote service utilization and contraceptive-uptake.

By bringing this approach into rural communities, the CLC initiative enabled young people, ages 15 to 24, to discuss FP/RH-related issues with peers of the same age and gender in the 80 RISE-supported villages. These young people were trained to lead behavior change activities through Pathfinder's Pathways to Change (PtC)—a behavior change tool in the form of a simple game—to (1) promote healthy behaviors and gender equality; (2) identify and collect data on barriers and facilitators to change in gender dynamics, knowledge, and use of health services for FP/RH; and (3) develop and implement community workplans to combat these barriers.

This CLC initiative—implemented in conjunction with the broader RISE program efforts—resulted in an increase in contraceptive uptake among young people.


PHOTOS Adama Ali Zourkaleini

From July 2017 to March 2018, prior to the training of youth community leaders, 3,877 young people (under 24 years) accepted family planning methods for the first time through facility and mobile outreaches in the areas where RISE-FP supported both community-based and facility-based activities. Following the intervention's start in April 2018, over the same nine-month period (April–December 2018), 5,048 young people accepted FP methods for the first time—representing a 30% increase. An additional 657 young people accepted methods for the first time from January to June 2019.

THE PATHWAYS TO CHANGE CYCLE

The RISE-FP project implemented a three-step Pathways to Change (PtC) cycle to identify, understand, and combat barriers to behavior change, such as delaying the age of sexual debut and marriage, encouraging respectful relationships between men and women, and promoting communication and utilization of contraceptives for delaying or spacing pregnancies. As a first step, community youth leaders learned how to use the PtC game. Next, project staff entered barriers identified through the game into a dashboard, developed by the ULC project, which helped codify and identify the most common barriers and facilitators to change. The RISE-FP project then added a third step: youth leaders and their supervisors used the dashboard to choose one significant barrier for their community to address in the development and implementation of a youth-led community action plan. By adding this final step, youth leaders were able to mobilize their communities to develop context-appropriate, locally-implemented activities to transform barriers into action, thereby continuing to build youth leadership and producing actionable steps to increase use of and access to FP/RH services.

1　Katie Chau, Regina Benevides, and Ousseini Abdoulaye, *University Leadership for Change in Sexual and Reproductive Health in Niger: Project Report* (Washington, DC: Evidence to Action Project/Pathfinder International, March 2017).
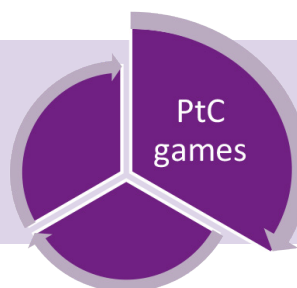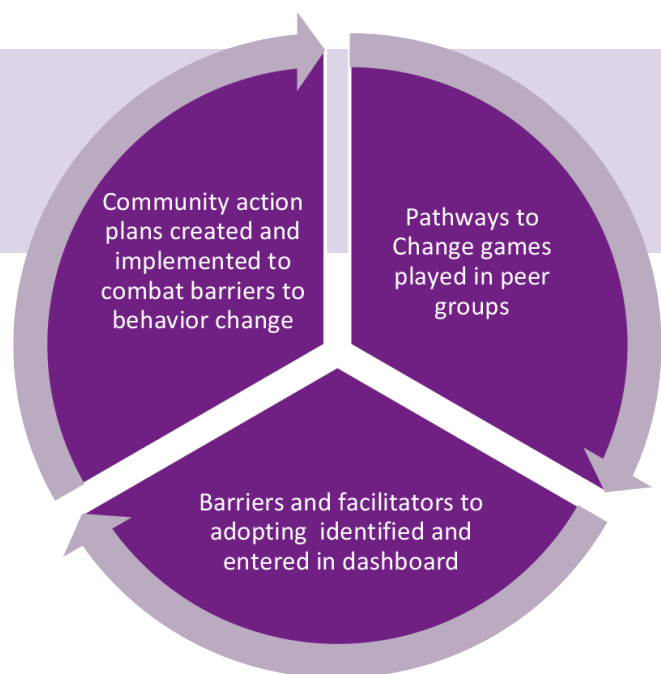
PtC is a simple board game intended to serve as a catalyst for behavior change. The game has two objectives: (1) introduce small groups of community members and target populations to simple ideas about behavior change that can help them discuss change among themselves and with family and friends, and (2) help projects better understand communities' and target populations' perceptions—what they think might block or facilitate change. To start the game, a facilitator presents a scenario and behavioral objective to a small group (ideally three to six players). Players take turns rolling a die and, depending on where they land on the game board, they are prompted to identify a personal, social, or environmental facilitator or barrier to achieving the behavioral objective (see Figure 1).
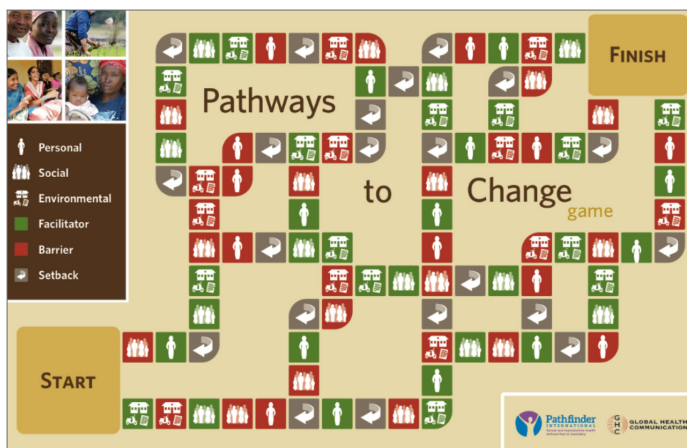
For instance, if the behavioral objective is "to encourage couples to make joint decisions around FP use," a player who lands on the first red square will identify a social barrier to achieving this objective, such as provider's resistance to offering FP to young people. The group then discusses this barrier together. PtC allows players to gain a better understanding of how to support achieving the desired behavior and generate information that reflects the local population's views—about the main barriers and facilitators to behavior change in their community.

In Zinder, the E2A team and university students from the ULC project identified behavioral objectives, including: (1) encouraging young women to seek family planning services; (2) encouraging couples to make joint decisions about FP and jointly choosing a contraceptive method; (3) husbands raising the subject of FP to their wives; (4) friends, family, and mothers-in-law supporting young couples in seeking FP; (5) young women choosing a family planning method; and (6) young couples choosing to space births. Then, they created scenarios to tailor discussions on these topics to the age, gender, and locale of the intended group.

In May 2018, E2A trained 156 community youth leaders[2] (77 female and 79 male) in RH, behavior change, and PtC game facilitation. Each community youth leader led three PtC games per month with the youth in their rural, home communities. During these games, community youth leaders collected data on the number of young people who attended, as well as the barriers and facilitators to behavior change they identified. From May 2018 to March 2019, community youth leaders hosted 1,554 games with 9,229 participants. Of these participants, 57.3% were male and 42.7% female. Most (80.9%) were between ages 15 and 24.

In addition to leading the PtC cycle, community youth leaders provided support to other RISE interventions. Community youth leaders were expected to coordinate with fellow RISE agents in their communities; this included referring young people to community-based distributors for FP counseling and methods and helping mobilize communities for mobile outreaches and religious leaders' sermons on reproductive health and birth spacing.

"What I like most about the PtC game is that it works as an informal data collection tool. It helps me understand my peers' perceptions of barriers and facilitators to behavior change."

—Ismaël Nouhou Ousmane, Youth Advisor, Pathfinder International, and Former ULC Youth Leader

Figure 1: Pathways to Change Game

Pathways to Change game and moderator's handbook are available in multiple languages at pathfinder.org/pathways-to-change

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2   To be selected as youth leaders, candidates had to be: (1) willing to remain in the village for the duration of the project; (2) between 16 and 22 years old; (3) willing to participate in supervisory meetings; and (4) willing to work two hours per day on project activities. Youth leaders could be married or unmarried.

To aggregate PtC game results and uncover differences and commonalities in barriers and facilitators to behavior change among various groups, the ULC project developed the PtC dashboard. The dashboard allows users to disaggregate commonly identified barriers and facilitators—by gender, age, and location—and categorize them according to personal, social, and environmental influences on behavior change. Therefore, the dashboard helps implementers compare groups to gauge differences in perceptions and make evidence-based decisions about programmatic and resource allocation.

In Zinder, for example, the three most common barriers to the identified behavior change objectives were: (1) a lack of knowledge of services, (2) opposition from peers and friends, and (3) lack of transport. Similarly, the most common facilitators were: (1) availability and knowledge of services, (2) available transport, and (3) support from peers and friends. When considering barriers to joint decision-making, young women were much more likely to cite a lack of financial means than men, while young men were more likely to cite a lack of transport. Both were about equally as likely to site a lack of knowledge of available services and opposition from friends and peers. While not statistically valid information, these and other examples show differences and similarities in perceptions that helped youth leaders choose which barriers to focus on.

Figure 2: Pathways to Change Dashboard

The Pathways to Change dashboard is an Excel-based tool into which implementers, including youth leaders, can enter raw data from the Pathways to Change games and code behavioral objectives, barriers, and facilitators. The dashboard then provides aggregated information on total sessions conducted, total number of participants, proportion of sessions addressing each behavioral objective, and participant demographics.

After several months of implementing PtC, E2A conducted a training called "Transforming Barriers into Activities," in which community youth leaders learned to use the dashboard to: (1) choose a key barrier, (2) identify an activity that contributes to combatting this barrier, and (3) create a simple workplan to implement that activity. As the barriers and facilitators were often closely related, these action plans concentrated on combatting barriers rather than enhancing facilitators. The activity was broken down into several key steps, and leaders identified the expertise, materials, and other resources they needed to carry out these specific tasks over a four-week period.
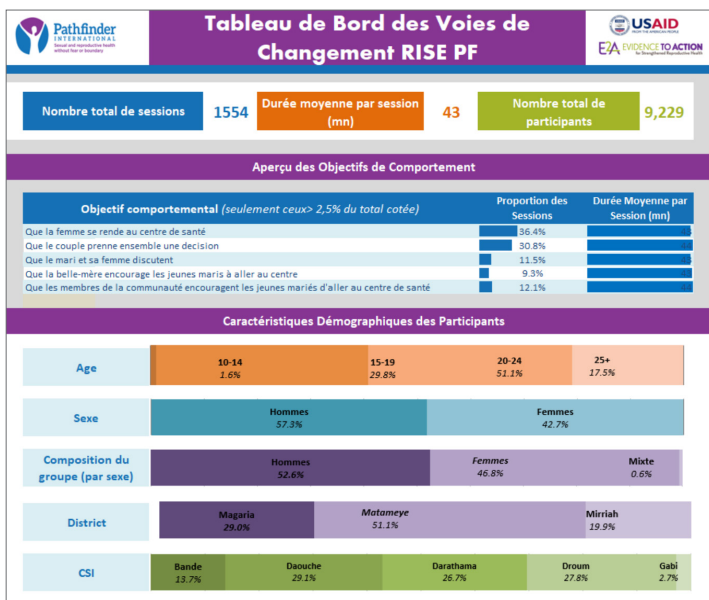
In March 2019, E2A piloted this third step in 14 selected villages. Below are examples of the actions chosen and implemented to address each of the three most important barriers:

Lack of knowledge about health services: In Dakora village, youth leaders held an informational village assembly with the chief's representative, 30 men, and 40 women to introduce the importance of seeking health services. The community chose a man and a woman to help lead home visits and conduct group educational sessions in the village on this topic. In April and May, these two actors, with support from the youth leaders, led three community educational sessions on the importance of prenatal visits, FP use for planning and spacing, childhood nutrition, and vaccination.

Opposition from friends and peers: Youth leaders in the village of Dadin Dounia focused on using religious explanations about FP/RH to disseminate messages and combat opposition to FP among men. The village's religious leaders held a meeting at the mosque with 25 male elders to discuss the importance of health services. A young man was selected by the community to hold a similar meeting with 20 young men. To disseminate messages and combat opposition to the use of family planning among young women, a young woman who had worked as a community health agent in the past conducted home visits to the young women of her village to discuss contraception and the importance of participating in village meetings. The religious leader then conducted follow-up home visits.

Lack of transport: In Takanya village, community youth leaders created and maintained a self-sustaining transportation fund. In the first meeting (March 2019), the village selected a committee composed of a president, vice-president, secretary, treasurer, and commissioner. The transport committee then organized an initial meeting with the village chief, imam, and 69 community members. The assembly decided to each contribute 200 FCFA (about $0.34) to create a community transportation fund and to pay community members for the use of their charrettes. After several weeks, the group met again to decide on a standard contribution of 100 FCFA for men and 50 FCFA for women, and appointed 20 people to collect funds on a biweekly basis. By the end of May, the committee had sensitized the community on the importance of a transport fund to refer those in need—particularly laboring mothers—to the health facility. The group had also raised 13,000 FCFA to successfully maintain the fund and the village chief had donated the use of two oxen to pull charrettes.

PROGRAMMATIC IMPLICATIONS

The PtC cycle, which moves from identifying barriers to behavior change to implementing actions to combat those barriers, showed that young people have the ability and desire to lead activities with both their peers and older community members. Given training and tools, youth leaders were able to mobilize entire communities to combat obstacles to accessing health services.

PRIORITIZING COMMUNITY—AND NOT PROJECT—NEEDS

Youth leaders had previously reported they wanted more activities than just playing the PtC game to hold people's attention. They also expressed interest in moving from exclusively FP/RH topics to adjacent content areas, such as lack of transportation, that were identified as high-priority needs by the community. The addition of community action plans to address community-identified needs may have helped lend credibility to the leadership of young people and therefore led to buy-in from the whole community, not just from other young people. Youth leaders believed, and implementation suggests, that if youth leaders addressed broader non-FP priorities, the community would have been more willing to also think about FP-related issues.

YOUTH LEADERSHIP

Interestingly, many of the activities the youth leaders led built upon other RISE-FP activities. These activities leveraged existing community actors, such as imams delivering sermons on FP or community-based distributors providing home visits. In the third step of the PtC cycle, young leaders had the opportunity to interact with the other cadres of RISE-FP implementers. It is possible that providing a framework to plan and implement activities beyond PtC games elevated youth leaders to the same level as other community agents and empowered them to lead similar activities and seek further collaboration.

TRAINING

Youth leaders require continuous mentoring to move through the PtC cycle. Without adequate support, many youth leaders can get stuck—playing PtC games without fully understanding or using the data generated through the game. The PtC dashboard can become a data repository rather than a tool for decision-making. Project implementers, including youth supervisors, need to understand how to analyze and use the dashboard's outputs. Finally, youth leaders gravitated toward activities they themselves had participated in or had seen implemented by other RISE-FP community agents. This pilot built a foundation for youth leadership, and E2A hopes that, with additional training, youth leaders will be able to design and lead more creative activities to combat barriers to behavior change.

Youth leaders have the ability, desire, and community support to lead participatory action to address barriers to health services. In June 2019, E2A's effort in Niger was awarded a one-year extension and additional funding to continue this approach in the 14 pilot sites and expand to the 66 remaining villages. Through this extension, youth leaders will receive additional training and support to continue to effectively build on the facilitating factors, combat barriers, and enhance their leadership abilities. Through the PtC cycle, youth leaders can be equipped with the tools and training to improve communities' health, including access to information and services.